

VA Health Care Network News



Fall 2002

Network 2 Receives 2002 Kizer Quality Award

The highest Veterans Health Administration (VHA) award - the Kizer Quality Award - was awarded to Network 2. The Kizer Award is the most prestigious award for organizational quality and effectiveness presented by VHA. The award is open to each of the 21 VA Networks and is based upon the Malcolm Baldrige criteria, the world's foremost standards for running an effective organization.

The award process requires the completion of a comprehensive 50-page application divided into seven sections: leadership, strategic planning, customer focus, information and analysis, staff focus, process management and organizational results. The application requires a detailed description of major process, approach and deployment, and corresponding results. Serious contenders for the award must demonstrate sustained improvements in measurable results over a four to five year period, as well as performance that compares favorably to the best VA and private sector health care providers.

The 2002 Kizer Award for Network 2 included a crystal trophy and \$300,000 for first prize. Prize money is earmarked to fund initiatives that will improve quality of care, such as telemedicine for community-based clinics and home care, retinal

cameras and related equipment, and other non-recurring quality enhancement initiatives.

One of the most compelling aspects of Network 2's Kizer application was the ability of the Network to significantly surpass private sector performance for a wide array of patient satisfaction, cancer screening, heart disease and diabetes management and behavioral health measures. This award is a tribute to more than 5,000 staff that works diligently to provide the highest quality of care for veteran patients.



Interim Network Director, Dr. Larry Flesh (right) receives the Kizer Award from Robert H. Roswell, MD, Under Secretary for Health (left).

Network Gets to Stage 2 of Baldrige Award

Network 2 reached Stage 2 - the Consensus Review Stage - of the Malcolm Baldrige Award. Out of 49 applicants for the award, only 27 applications moved to this stage, including: ten health care organizations, four education, five manufacturing, two service organizations, and six small businesses.

We were notified that although we had moved to Stage 2, the Network would not be receiving a site visit this year.

Did You Know?

The Malcolm Baldrige Award is the world's foremost standard for running an effective organization - not just in health care but all areas of business. Moving into to this stage of the competition is truly an accomplishment we should all be proud of! This award is only given to organizations with the highest level of performance. To date, health care is the only industry sector not to have won the Baldrige Award.

(see Award page 3)



Network Awards and Recognition

Network 2 has been named one of the nation's Most Wired Hospitals and Health Systems. The fourth annual survey and Benchmarking study is awarded to technically savvy hospitals by *Hospitals & Health Networks*, the journal of the American Hospital Association, in cooperation with McKesson Information Solutions, Quest Communications International, and the Healthcare Information and Management Systems Society. This is the first time the Network has been named to the list. Network 2 is the only VA Network/facility on the 100 Most Wired List.



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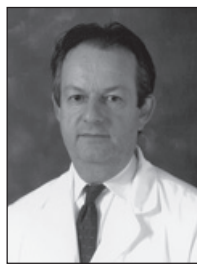
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The graduating residents of the Department of Medicine at Albany Medical College presented **Raymond P.**

Smith, MD, Lead Physician of Internal Medicine at the Stratton VA Medical Center (VAMC) with the "Orlando Hines Attending of the Year Award."



The following employees have been selected for the 2003 Network Leadership Development Training Program: **Donall Dade, Martha Mashlonik, Paula Smith and Daniel Brown** from Buffalo, **Thomas Bligh** from Batavia, **Bruce Tucker** from Bath, **Janice Stroman** from Syracuse, and **Mike Thompson, Ed Yankowski, and Melinda Fry** from Albany. The purpose of this program is to develop the leadership skills of a cadre of individuals from the Network. Participants will develop individual development plans, participate in a rotational program with Local Care/Service Line Managers and union representative, participate in a week's rotation at the Network Office, complete and present to the Executive Leadership Committee a research project assigned by their coach/mentor, and to participate in learning opportunities to enhance core competencies as identified by the High Performance Development Model.

Women Veterans Program Manager at the VA Western New York Healthcare System (VAWNYHS) at Buffalo, **Faith L. Hoffman, CSW** has been selected for the 2002-2003 edition of *Who's Who of American Women*.



Victor E. Heinrich, FAHRMM, Logistics Manager, VAWNYHS at Buffalo was a featured writer in the May/June 2002 issue of *Healthcare Resource and Material Management News*.



Stephen E. Wear, VAWNYHS at Buffalo was a visiting professor at the Graduate Institute of Philosophy of National Central University in Chung Li, Republic of China (Taiwan) during the summer. While there, he gave various lectures and grand rounds, and participated in many case conferences at health care facilities in the Chung Li/Taipei area.

In Taiwan, the focus is on the family as the basic social unit, not the individual. This traditional focus produces very different clinical approaches to patient care. In Taiwan, families are approached (before the patient) with diagnoses and treatment recommendations by staff, even when the patient is competent. Respect for patient confidentiality is not considered a major ethical principle in Taiwan, and family demands not to tell patients bad news are usually honored. Informed consent for procedures may be gotten, by law, from "the patient OR the family."



New Appointment



Mary Ellen Piché has been named the new Director of the Stratton VA Medical Center (VAMC). Piché began her career at the Stratton VAMC in 1975 as a Radiologic Technologist. She continued her education and went on to serve as Quality Manager

until 1995 when she entered the Associate Director Training Program and became the Associate Director at the Lyons New Jersey VAMC. Most recently, she had returned to the Network to serve as the Network Chief Operating Officer.

Kim Nazi has been named the Knowledge Management Officer for the Network.



Award (continued from page 1)

What Are We Doing Right?

Network 2 has a lot to be proud of. Not just because we have come so far and won so many awards - but more importantly because of our continued pursuit of excellence in health care for our nation's veterans.

Scores for Network 2's prevention, cancer screening, diabetes, heart disease and behavioral health management surpassed the 90th percentile from the National Committee on Quality Assurance (NCQA). This target is so difficult to achieve, that not even the top rated health plans in the United States achieved this for most metrics. Our world-class scores that were submitted to Baldrige reflect scores for the first half of fiscal year 2002. The recent release of 3rd quarter scores for prevention and clinical practice demonstrate even greater improvement - far surpassing the private sector.

Regardless of whether we win the Baldrige Award, it is important to remember that we are continuing to apply these quality principles, as we strive to bring out the best in our organization and our staff.

Dear employees,

My long association with Network 2 and Upstate New York has come to an end. I have enjoyed every minute of it. You are a great group of VA employees and I am very proud of all of your achievements. I know you will continue to be the best. You have a great team in place and I know you will continue to do great things. My detail to CARES will continue, however, effective August 25, 2002 I have been reassigned to North Florida-South Georgia. Thanks for your hard work, dedication and professionalism. Diane (my wife) and I will miss you.

Fred Malphurs

Director's Message

Many of you may not know that for the past eight months, (former) Network 2 Director, **Fred Malphurs** has been on special assignment in Washington DC. Mr. Malphurs has been acting as Special Assistant to the Deputy Secretary on the Capital Asset Realignment for Enhanced Services (CARES) initiative. At the conclusion of his detail, Fred will assume his new assignment as Director of the Gainesville, Florida VA Medical Center. I'd like to take a moment to acknowledge some of the wonderful accomplishments this Network has made under Fred's leadership. Through his vision and inspiration, our Network has:

- Won the 2002 Kizer Award
- Won the 2001 Robert Carey Award
- Moved on to the second phase of the Malcolm Baldrige Award

I know you all join me in wishing Fred the best of luck with his future endeavors. He will be missed. Until a permanent Network Director is selected, I will be acting as Interim Network Director.

Lawrence H. Flesh, M.D.
Interim Network Director



One VA

Members of the VA Healthcare Network Upstate New York attended the conference entitled “One VA Women Veterans Coordinators: Building an Effective Partnership.” **Linda W. Weiss, MS, CHE**, Network 2 Operations Officer was a member of the planning committee. **Kathy Prividera**, Women Veterans Program Manager was a member of the faculty.

During the conference the Network 2 Women Veterans Healthcare Council displayed a poster entitled “One VA Informational Cards.” **Lany Mankowski**, VA Western New York Healthcare System at Buffalo and **Judy Powers**, VA Regional Office in Buffalo submitted the abstract for this initiative. The cards are tailored for each facility to include the Vet Center, National Cemetery information, as well as VHA information. **Cheryl Knowles**, Bath; **Michele Holloway**, Canandaigua; **Rosa Walker**, Syracuse; **Cheryl Rutherford**, Rochester; and **Kathy Prividera**, Albany were present at the poster presentation to discuss our Network’s Women Veterans programs and services.

Advanced Clinic Access

Success Seen in Buffalo

The VA Western New York Healthcare System (VAWNYHS) at Buffalo began focusing their Advanced Clinic Access work in primary care in July 1999. At that time, the average waiting times were around 50 days. By utilizing Advanced Clinic Access methods, wait times are now around 20 days. Many patients are now seen on the same day their clinical need dictates.

Primary Care patients in VAWNYHS at Buffalo were experiencing long wait times for appointments (50 days or higher); urgent care was often deflected to the emergency room or to resident-run “acute” clinics. Significant provider turnover further increased waiting times - as there were often gaps between departing and new providers. With primary care as the main entry point for outpatients, a lengthy delay for new patient appointments was not acceptable.

How Have They Done It?

- ◆ Each provider has daily urgent slots built into his/her schedules
- ◆ New workload is distributed based on standardized provider panel targets
- ◆ The new patient intake process now allows for matching timing of first visit with need and also for bypassing primary care altogether if the patient seeks only specialty services
- ◆ All types of appointments are now 30 minutes in length
- ◆ Increased capacity by increasing clinic hours, shifting provider resources from inpatient, and enforcing leave contingency plans
- ◆ Providers are coached to extend reappointment intervals based on patient need, and in coordination with private sector appointments if co-managed.
- ◆ Alternatives to traditional provider visits are offered whenever possible (nurse visit for blood pressure check; pharmacy visit for medication issue; provider call back for lab results)
- ◆ A new pilot has begun, using scheduled provider telephone “visits” in lieu of certain routine in-person visits (for stable patients meeting certain criteria, and for emergency room and discharge followups)

Success Measured in Lower Wait Times

Waiting times for new patient appointments has been reduced to 20-25 days. Staff is focused on “doing today’s work today” for established primary care patients. There has been a major transformation in care delivery. Providers are now empowered to do true panel management, support staff is more involved in service delivery, and patients benefit from easy access to high quality care.



Bath VA Recognizes Staff

The date was July 9 not July 4 but that didn't dampen the patriotic spirit of the employees at the Bath VA Medical Center who gathered at an employee luncheon to reflect on the past year during "The Second Fourth of July Party." The luncheon was held to honor all employees but especially those who have assisted with the September 11th recovery efforts.

Chaplain Linda Leibhart delivered the keynote address stating, "some of you are known and are being honored here today and some are unknown...quietly donating blood, organizing collections, serving on a critical incident team, or donning a uniform and going somewhere to assist and defend. You know who you are, known and unknown alike. I thank all of you for what you have offered, and what you continue to do. You are the real stuff of which heroes are made."

Special music was presented by VA employees: **John Brown, Dan McCabe, and Chaplain Gerald Hamblin** led the crowd in singing "America the Beautiful."

Barbara Fowler read the names of VA employees who have served in different capacities relating to September 11:



Mary Ryan, Frank McDonald, Megan Schoolcraft, Marina Davis, Deanna Patterson, Henry Faryna, Gary Stewart, Rita Dyer, Dr. Phyllis Kephart, John Gould, Sharon McKinley, Harry Adler, Marcia Melnyk, Linda Leibhart, Gary

Reynolds, Gene Galligan, Dr. William Fowler, Mike Gilman, Brian Lynk, Carl Haneline, Mike Ross, Mark Fiordo, Peter Graham and Gerald Hamblin were presented patriotic lapel pins depicting an eagle with outstretched wings by the Employee Association.

CARES Update

Phase II of the Capital Asset Realignment for Enhanced Services (CARES) process began June 6, 2002. CARES is a plan to redesign our medical system to continue to bring VA health care into the 21st century. To accomplish this, it may be necessary nationally to shift some services and to find other uses for buildings that are not suitable for delivering modern health care. The goal is to give veterans the care they need, when

they need it, and in the most appropriate location. The restructuring of VA health care will change only the way VA delivers care - health care services will not be reduced. These decisions will not be made lightly or in a vacuum. There is a comprehensive nine-step process for gathering necessary data, analyzing gaps between available services and needs, and developing a plan

for matching VA facilities and services with veterans' future health care needs. Your input as well as the input of veterans, academic affiliates, and others will be sought and considered throughout the process. As VA employees, we are dedicated to the mission of taking care of veterans. CARES will assure that we are positioned to do that now and in the future.

It is too early in the two-year process to speculate what health care realignments and enhancements will be made. You can be assured that open communication is a critical part of the CARES process. Watch for continued local and national CARES updates.

Additional information about CARES can be found in the *CARES Communiqué* (newsletter) that is emailed to all staff and mailed to stakeholders or at: www.va.gov/CARES www.va.gov/visns/visn02/cares



Syracuse Staff Participate at Conference

Syracuse VA Medical Center Chief of Staff, **E. Jackson Allison, Jr. MD, MPH**; and Facility Education Manager, **Cindy Wojtecki, RN, MSN** presented their research papers at the International Conference on Emergency Medicine held in Edinburgh, Scotland.

Cindy presented a paper titled, "Symptomatic Assessment and Treatment of Alcohol Withdrawal Syndromes: A Pilot Project with Implications for the Emergency Department" which focused on the benefits of a symptom-triggered rather than a pre-determined fixed dose approach when managing Alcohol Withdrawal Syndrome (AWS) in the context of other presenting conditions.

Dr. Allison presented his research, titled "Compassion Fatigue in Emergency Medicine Personnel: Research, Assessment and Treatment." His presentation introduced the concept of compassion fatigue and offered cogent examples of prevention, early intervention, and treatment. Known also as secondary traumatic stress disorder, Dr. Allison's research paper highlighted the need for further research in this field. Dr. Allison is known internationally for his expertise in emergency medicine and has presented at all nine international conferences on emergency medicine.

Preparing Caregivers of the Future High School Students Get On-Site Education at VA

The Federal government faces the challenge of losing a sizable portion of its workforce over the next five years and has set about making succession plans to deal with the potential crisis.

Within the Department of Veterans Affairs, approximately 50% of the staff will be eligible for optional or early retirement between now and 2005. Locally, the VA Western New York Healthcare System (VAWNYHS) is helping to address this challenge by encouraging high school students to adopt health-related careers through the Erie 1 BOCES Connections Program. On June 6, nine college-bound students completed their senior year of high school at a ceremony held at the VAWNYHS at Buffalo, where they had attended classes and followed professional mentors, both in clinical and administrative settings, to gain a head start on their chosen health-related career paths. Each student demonstrated the desire and dedication needed for a career in medicine to qualify for the special program.

William Feeley, Director VAWNYHS didn't hesitate to approve the program's interest in coming to the VA. "We knew these students were very highly



The Erie 1 BOCES Connections Program students.

motivated, but seeing them interact with our staff and our patients has been inspirational, a good experience for everyone," he said.

The program is rigorous, according to teacher **Mary Wrzesinski**, and demands high academic achievement. With health-related careers in mind, students were able to sample these by rotating through many different settings at the hospital, including: clinics, laboratories, and research sites. They got administrative and technical exposure as well, rotating through the admissions and medical records departments, as well as biomedical engineering, central supply and processing, food and nutrition, housekeeping and other support services.

VA Education Coordinator, **Patricia Widzinski, RN** noted the students added a special touch to the veterans' facility throughout the year. "They gave gloves to homeless veterans. They decorated for all the holidays and did the Christmas

(see Future page 7)



Network Participates in My Health eVet Pilot Project

By implementing new technology, we can enhance access to information and resources, empower patients to make informed health care decisions, streamline organizational processes and transactions, and improve quality, value, and patient satisfaction. As part of the eHealth initiatives being undertaken by the Network, we have been selected as a pilot site for My Health eVet.

What is My Health eVet?

My Health eVet is a web-based system that empowers veterans with information and tools so that they can improve their health to the maximum extent possible. It provides patients with an opportunity to view their medical records and related health care information on-line.

The Veterans Health Administration of the Department of Veterans Affairs, Office of Information, Enterprise Strategy developed my Health eVet. Consultants provided architectural design and development support from Electronic Data Systems and Microsoft.

How My Health eVet Works

Participating veterans are given access to copies of key portions of their electronic health records. This record is stored in a secure and private environment called an eVault. The eVault will be personalized with appropriate links to useful explanatory material to help veterans understand what is in their record, and what they can do to improve their health condition.

Veterans can also add structured medical information in the "self-entered" section of their eVault.

How You Can Become Involved

Network 2 has been selected as a pilot test site for this initiative. Other pilots are already underway in Florida and Washington DC. Each Network is given the flexibility to rollout the pilot as they see fit. This is the approach we will use in our Network.

Many employees will be involved in our pilot, including Release of Information, Veterans Service Center, education, IT, web, and clinicians. Each person will play a vital and unique role in the process.

Our clinicians know their patients best. We are relying on you, our front line doctors and

nurse practitioners, to help us identify and recruit patients who would be valuable participants in the project. The patient's overall health status and ability to utilize the tool (web, software, etc.) should be considered.

Phase 1 of the pilot will target veteran employees who are VA patients. Phase 2 of the pilot will expand to involve other veteran patients. At this point in the preparations, we are looking for clinical staff that are willing to identify potential patient participants for My Health eVet. Other employees will become involved as the pilot rolls out.

If you would like to participate in the My Health eVet pilot, please contact your Primary Care Council Lead or send an email to VISN 2 Web Team.

For more information about My Health eVet or eHealth at Network 2 visit the eHealth project page at:

vaww.vsn2.med.va.gov/ehealth

or go to the public drive to download a narrated PowerPoint tutorial about the functionality of My Health eVet:

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Future (continued from page 6)

trees on the Nursing Home Care Unit. They researched special topics, like robotics, stem cell research, and alternative medicine, and presented their findings to VA staff, their high school principals, and their parents. They are fine students and we loved having them here."

With a background in VA Healthcare, perhaps some will choose to return some day.



New Critical Success Factors

Network 2 has revised its critical success factors to better align with the mission and vision of VA nationwide. New posters and ID badge hangtags will be available soon. Please familiarize yourself with these changes highlighted (in blue) below.

Mission

To care for our veterans with compassion and excellence.

Vision

To be the health care provider of choice, achieving the highest quality in health care delivery, education and research.

Critical Success Factors

1. Provide excellence in health care quality.

- ◆ Surpass community and national standards for prevention and health screening, clinical interventions and veteran outcomes.
- ◆ Provide excellent medical and allied health education, leading the nation in educating the health professionals of the future.
- ◆ Conduct medical research through increased funding, achieving significant improvements in the lives of veterans and the general public.

2. Achieve outstanding veteran satisfaction.

- ◆ Surpass community and national standards in patient satisfaction at all facilities and outpatient clinics.
- ◆ Assure that veterans participate in decisions about their health care in an environment characterized by courteous, coordinated patient-focused services.

3. Provide the best health care value.

- ◆ Fulfill our responsibility to the public by providing excellent value for all health care services provided.
- ◆ Increase revenue and efficiency through excellent business practices, technology and community partnerships.

4. Provide easy access to care.

- ◆ Provide veterans with timely access to all primary care, specialty services and health care information.
- ◆ Provide easy access to health care services for special veteran populations.

Your opinion is important!

Please take a few minutes to complete and return the (enclosed) Employee Newsletter Survey.



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